Please type a plus sign (+) inside this hox->	'+ <i> </i>				
		Atty Doc. No. 54487 Total Pages 8			
PATENT APPLICATION		FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER			
TRANSMITTAL		Hans-Josef STERZEL			
E		Express Mail Label No			
Application Elements		Address To: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231			
1./X / Fee transmittal Form (Submit an original, and a duplicate for fee processing) 2./ X / Specification Total Pages / 5 / (Preferred arrangement set for below)		6. / / Microfiche Computer Program (Appendix)			
		/7./ /Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)			
Descriptive title of the Invention		a./ / Computer Readable Copy			
Cross References to Related Application		b/ / Paper Copy (Identical to computer copy)			
Statement Regarding Fed. Sponsored R & D		c/ / Statement verifying identity of above copies			
Reference to Microfiche Appendix		ACCOMPANYING APPLICATIONS PARTS			
Background of the Invention		8./ / Assignment Papers (cover sheet & document(s)			
Brief Summary of the Invention		9/ / 37 CFR 3.73(b)Statement / /Power of Attorney			
Brief Description of the Drawings (if filed)		10./ /English Translation Document (if applicable)			
Detailed Description		11./ /Information Disclosure / x/ Copies of IDS Citations			
Claim(s)		12./ X /Preliminary Amendment			
Abstract of the Disclosure		13./ x/Return Receipt Postcard (MPEP 503)			
3. / / Drawing(s)(35 USC 113)(Figs.)	Total Sheets / /	Should be specifically itemized) 14./ /Small Entity / /Statement filed in prior application Statements Status still proper and			
desired 4./ X /Oath or Declaration	Total Pages/ 3 /	15./x / Certified Copy of Priority Document(s)			
a / X / Newly executed (original or copy)		(if foreign priority is claimed)			
b./ /Copy from a prior application (37 CFR 1.63(d)		on			
17. If a Continuing Application, check appropriate box and supply the requisite information:  / /Continuation / /Divisional / /Continuation-in part (CIP) of prior application No					
CORRESPONDENCE ADDRESS					

/ Customer Number or Bar code Label

or / / Correspondence address below

Insert Customer No. or Attach bar code label here

Name:

Herbert B. Keil KEIL & WEINKAUF

Address:

1350 Connecticut Ave., N.W.

City Country Washington

Zip Code 20036 Fax: (202)659-0105

State: D.C. Telephone: (202)659-0100 USA

The filing fee has been calculated as shown below:

For	Number Filed	Number Extra	SMALL/LARGE ENTITY	BASIC FEE \$385./\$770.	
For:	riied	EXLIA	EIM.L.T.I.X	\$303./\$//0.	
Basic Fee				. \$ 770.	
			x \$09./\$18. x \$43./\$86.		
[ ] Multiple Dependent Claim(s) presented:\$145./290 =					
[x] A check is	enclosed	for the filin	g fee.	\$ 770.	

<sup>\*</sup>If the difference is less than zero, enter "0".

- [X] A check for \$ 810. for the filing fee and recordation fee.
- [X] The Commissioner is hereby authorized to charge any other fee required, including the issue fee, in connection with the filing and prosecution of this application, and to the extent necessary, applicant(s) hereby petition for extension(s) of time under 37 CFR 1.136, to be charged to our Deposit Account 11-0345.

Respectfully submitted,

KEIL & WEINKAUF

Herbert B. Keil

Reg. No. 18,967

1350 Connecticut Ave., N.W Washington, D.C. 20036 (202)659-0100